


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # **P02000052914**

1. Entity Name  
**RAFAEL GOMEZ, INC.**



55028008

Principal Place of Business  
1331 SORENTO DR.  
WESTON FL 33326

Mailing Address  
1331 SORENTO DR.  
WESTON FL 33326



2. Principal Place of Business  
**1331 Soriento Dr**

3. Mailing Address  
**1331 Soriento Dr**

Suite, Apt. #, etc.  
**1331**

CHECK HERE IF MAKING CHANGES

City & State  
**Weston, Florida**

City & State  
**Weston, Florida**

Zip  
**33326**

Country  
**Weston**

Zip  
**33326**

Country  
**US**

4. FEI Number  
**030442913**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VIVES, PATRICK**  
**150 E. DANIA BEACH BLVD.**  
**SUITE 202**  
**DANIA FL 33004**

7. Name and Address of New Registered Agent

Name  
**Rafael A Gomez**

Street Address (P.O. Box Number is Not Acceptable)  
**1331 Soriento Dr**

City  
**Weston**

State  
**FL**

Zip Code  
**33326**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE

Signature, type or typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OP GOMEZ, RAFAEL 1331 SORENTO DR. WESTON FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Rafael Gomez 1331 Soriento Dr Weston FL 33326</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **1/15/03**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #